



Tel: (305) 375-4222 ☎ Fax: (305) 375-4120 ☎ E-mail: consumer@miamidade.gov

## MOTOR VEHICLE TITLE LOAN REGISTRATION APPLICATION

By Authority of Article III of Chapter 8A of the Code of Miami-Dade County

**\*\*ALLOW 30 DAYS FOR PROCESSING\*\***

(FOR OFFICE USE ONLY)

Check one: INITIAL \_\_\_\_\_ RENEWAL \_\_\_\_\_

COMPANY # \_\_\_\_\_

PLEASE TYPE OR PRINT

- CORPORATE NAME- ENTER CORPORATE NAME IF IT IS DIFFERENT THAN BUSINESS NAME.
- BUSINESS NAME - ENTER THE EXACT NAME USED BY THE BUSINESS AT THE LOCATION BEING REGISTERED.

3. FACILITY PHONE NUMBER ( )

4. BUSINESS ADDRESS:

5. PERSON(S) IN CHARGE - ENTER THE NAME OF THE PERSON(S) IN CHARGE OF ACTIVELY MANAGING THIS LOCATION.

ADDRESS	CITY	ZIP	NAME(S):
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NOTE: IF MORE THAN ONE LOCATION, SUBMIT ONE APPLICATION FOR EVERY LOCATION.

PO BOX ADDRESSES ARE NOT ACCEPTABLE.

6. SOLE PROPRIETOR	PARTNERSHIP	CORPORATION
Owner's Birthdate ___ / ___ / ___	Date of Partnership ___ / ___ / ___	Date of Incorporation ___ / ___ / ___

7. PRINCIPALS - Enter the name and address of the individual owner or all partners or all corporate officers, directors and registered agent in the state and outside the state.

Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Residence Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_ Residence City \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_ Residence City \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_ Residence City \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_ Residence City \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PRINCIPALS (cont'd) -**

Please list the names and principal address of any other corporation, entity or trade name through which any owner, executive officer, partner or director of the registrant was known or did business as a Title Loan Lender within (10) calendar years immediately preceding the year in which this application is being filed. (If the answer is "none", please write "none" here) \_\_\_\_\_

**(If additional space is needed, please attach a separate sheet.)**

**8.** Provide below the name and address of your agent in this state for service of process.

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Name	Address
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**9. ULTIMATE EQUITABLE OWNER** - Please identify the name of each and every owner and ultimate equitable owner. ("Ultimate Equitable Owner" means a natural person who, directly or indirectly, owns or controls an ownership interest in a corporation, a foreign corporation, an alien business organization, or any other form of business organization, regardless of whether such natural person owns or controls such ownership interest through one or more natural persons or one or more proxies, powers of attorney, nominees, corporations, associations, partnerships, trusts, joint stock companies, or other entities or devices, or any combination thereof.)

Name _____	% of Ownership _____	Residence _____
Address _____		City _____
State _____	Zip Code _____	
Name _____	% of Ownership _____	Residence _____
Address _____		City _____
State _____	Zip Code _____	
Name _____	% of Ownership _____	Residence _____
Address _____		City _____
State _____	Zip Code _____	
Name _____	% of Ownership _____	Residence _____
Address _____		City _____
State _____	Zip Code _____	

**10. CRIMINAL BACKGROUND** - Please complete the following:

**A.** Has any director, executive officer, partner, owner, or ultimate equitable owner pled nolo contendere to, or been convicted or found guilty of a felony within the last ten (10) years regardless of whether adjudication was withheld, or is the applicant acting as an ultimate equitable owner for someone who has pled nolo contendere to, or been convicted or found guilty of a felony within the preceding ten (10) years, regardless of whether adjudication was withheld? **YES NO**

**B.** Has any director, executive officer, partner, owner, or ultimate equitable owner pled nolo contendere to, or been convicted or been found guilty of a crime involving fraud, dishonest dealing, or any act of moral turpitude regardless of whether adjudication was withheld, or is the applicant acting as an ultimate equitable owner for someone who has pled nolo contendere to, or has been convicted or found guilty of a crime involving fraud, dishonest dealing, or any act of moral turpitude, regardless of whether adjudication was withheld? **YES NO**

**CRIMINAL BACKGROUND (cont'd) -**

C. Has any director, executive officer, partner, owner, or ultimate equitable owner pled nolo contendere to, or been convicted or found guilty of a crime directly related to the duties and responsibilities of a title loan lender within the preceding ten (10) years regardless of whether adjudication was withheld, or is the applicant acting as an ultimate equitable owner for someone who has been convicted of a crime directly related to the duties and responsibilities of a title loan lender within the preceding ten (10) years, regardless of whether adjudication was withheld? **YES NO**

**If you have answered YES to any of the above, please attach a court certified copy of the disposition including the individual's name, crime, date of conviction, jurisdiction, sentence, and any other relevant information, including a copy of the judgment or court order. Attach additional sheets, if necessary.**

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11. Have you or any partner or principal or the corporation been enjoined by a court from engaging in business as a Motor Vehicle Title Loan Lender? **YES NO**

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12. Have you or any partner or principal or the corporation been convicted of a violation of the Motor Vehicle Title Loan Ordinance? **YES NO**

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13. Do you or any partner or principal or the corporation have any outstanding or unpaid code enforcement fines due to Miami-Dade County? **YES NO**

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14. **FEES:** Non-refundable check or money order made payable to "**Board of County Commissioners**" must be submitted with this application.

15. **ADDITIONAL REQUIREMENTS CHECKLIST-** In addition to the items already required, this application must be accompanied by a copy of each of the following documents.

**Check-off each document below as you attach it to this application.**

1. Title Loan Agreement
2. Bond in the amount of \$100,000
3. Copy of the Department of Revenue Registration
4. Current partnership agreement, if applicable
5. Most recent annual report filed with the Division of Corporations (Fictitious, Partnership, Corporation)
6. Criminal Background information
7. Fees

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16. **SIGNATURE(S):** If individual ownership, owner must sign; if partnership, all partners must sign; if corporation, a corporate officer must sign.

**Any misleading, incomplete or false statement may be grounds for denial of this application or suspension or revocation of the registration.**

**Failure to notify the Consumer Services Department of material changes may be grounds for suspension or revocation of this registration.**

**If your application is incomplete, it will be denied a filing date and returned to you unprocessed.**

**SIGNATURE(S) (cont'd) -**

**You are required to report changes in address, location of records, and any change of an executive officer within thirty (30) days of the change. Any change of ownership of 25% or more requires a new license application.**

I/We, \_\_\_\_\_, the undersigned \_\_\_\_\_  
(print name) (print title) of the business known  
as \_\_\_\_\_, certify or declare under penalties of perjury under the laws  
of the State of Florida, that all statements and representations made in this application, including all statements  
attached hereto, are true and correct and agree to abide by the provisions of Article III of Chapter 8A of the Code of  
Miami-Dade County.

\_\_\_\_\_  
(Signature)

(Date)

\_\_\_\_\_  
(Signature)

(Date)

**Mail completed application and fee to: Miami-Dade County Consumer Services Department  
Consumer Protection Division  
Licensing Section  
140 West Flagler Street, Suite 902  
Miami, Florida 33130**

**Telephone: (305) 375-4222  
TDD: (305) 375-4177  
FAX: (305) 375-3512**

**You may attach additional pages, if necessary.**



**AFFIDAVIT OF FINANCIAL LIABILITY**

Do you, or any partner(s) or corporate officer(s), if applicable, owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

- (i) unpaid civil penalties;
- (ii) unpaid administrative costs for a hearing;
- (iii) unpaid County investigative, enforcement, testing or monitoring costs; or
- (iv) unpaid liens?

Yes:
No:

I hereby certify that all information provided is true and correct. By signing this document, I acknowledge that if the information provided is not true and correct, my registration/permit/certificate will be suspended or revoked.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARACIÓN DE DEUDA FINANCIERA**

Usted, o algún socio(s) u oficial(es) de la corporación, si aplica, debe dinero al Condado de Miami-Dade, Florida, ya sea individualmente o a través de cualquier otro negocio, como resultado de cualquiera de lo siguiente:

- (i) penalidades civiles no pagadas;
- (ii) costos administrativos por una audiencia, no pagado
- (iii) costos de investigación, cumplimiento de la ley, pruebas o aviso del Condado, no pagado; o
- (iv) gravámenes, no pagados?

Si:
No:

Por esto yo certifico que toda la información proveída es correcta y verdadera. Firmando este documento yo confieso que si la información proveída no es verdadera y correcta, mi registración/permiso/certificado sera suspendido o revocado.

Imprima el Nombre: \_\_\_\_\_ Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_